

TRANS**State of North Carolina**
Department of Environment and Natural Resources
Division of Waste Management**TRANSFER STATION**
Facility Annual Report
For the period of **July 1, 2012-June 30, 2013**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Watauga County Transfer FacilityPermit: 9503-TRANSFER-1996Facility Website (URL): wataugacounty.org

Physical Address		Mailing Address	
Street 1: <u>336 Landfill Road</u>		Street 1: <u>same</u>	
Street 2: _____		Street 2: _____	
City: <u>Boone</u>	County: <u>Watauga</u>	City: _____	
State: <u>North Carolina</u>	Zip: <u>28607</u>	State: <u>North Carolina</u>	Zip: _____

Primary Facility Contact Person		Billing Contact Person	
Name: <u>JV Potter</u>		Name: <u>Donna Watson</u>	
Phone: <u>(828) 264-5305</u>	Fax: <u>(828) 264-1702</u>	Phone: _____	Fax: _____
Email: <u>jv.potter@watgov.org</u>		Email: <u>donna.watson@watgov.org</u>	

1. Tipping Fee: \$49.00 per Ton (Attach a schedule of tipping fees if appropriate.)Does the tip fee above include the \$2.00 Solid Waste Tax? ☒ Yes ☐ No2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

3. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No

If yes, indicate the following:

Name: Jimmy Johnson Certification type and expiration date: 11-16-2013Name: Terry Scott Certification type and expiration date: 11-16-2013Name: mIKE dAVIS Certification type and expiration date: 3-12-2016

4. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection ☒ Scrap Tire Collection ☒ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

<input checked="" type="checkbox"/> Paper	<u>576</u> tons	<input checked="" type="checkbox"/> Fluorescent lightbulbs	_____ tons	<input checked="" type="checkbox"/> Used oil/oil filters	_____ tons	<input checked="" type="checkbox"/> Steel Cans	<u>68</u> tons
<input checked="" type="checkbox"/> Cardboard	<u>1,791</u> tons	<input checked="" type="checkbox"/> PETE (#1) Plastic	<u>272</u> tons	<input checked="" type="checkbox"/> Aluminum Cans	<u>20</u> tons	<input checked="" type="checkbox"/> Other Metal	<u>261</u> tons
<input checked="" type="checkbox"/> Wood	<u>2,849</u> tons	<input checked="" type="checkbox"/> HDPE (#2) Plastic	_____ tons	<input checked="" type="checkbox"/> Computer Equipment	<u>36</u> tons	<input type="checkbox"/> Televisions	<u>16</u> tons
<input checked="" type="checkbox"/> Glass	<u>1,265</u> tons	<input type="checkbox"/> Concrete/rubble/asphalt	_____ tons	<input type="checkbox"/> Gypsum/drywall	_____ tons	<input checked="" type="checkbox"/> Other Plastic	<u>21</u> tons
<input type="checkbox"/> Shingles	_____ tons	<input checked="" type="checkbox"/> Other (specify)	<u>hww temp collection 2/year</u>				

5. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

[illegible]

6. Indicate the facility(s) that received your facility's non-recycled waste material:

Grand Total	41,035
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NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
Foothills Environmental, Lenoir, NC permit# 14-03	MSW Landfill	41,035
TOTAL		41,035.00

REMINDER: According to (G.S. 130A-309.69D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Deb Aja
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4702 email: Deborah.Aja@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date: 7/24/2013

Name: JV Potter

Title: Operation Services Director

Phone Number: (828) 264-5305

Email: donna.watson@watgov.org